Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance witl	h the instructions to the Form 550	0-SF.		•		
Pa	art I Annual Report Ider	ntification Information							
For	calendar plan year 2011 or fiscal p	plan year beginning 01/01/201	11	and ending 1	2/31/2	2011			
A	This return/report is for:	a single-employer plan	a multiple	-employer plan (not multiemployer)		a one-particip	oant plan		
	· —	the first return/report	the final r	eturn/report		<u> </u>			
_		an amended return/report	1	an year return/report (less than 12 mo	nnthe)				
_	님	·	1		Jillis)	П реуо			
C	eneok box ii iiiing dilaci.	Form 5558	1	extension		DFVC progra	ım		
	<u> </u>	special extension (enter description							
Pa	rt II Basic Plan Informa	ntion—enter all requested inform	nation						
1a	Name of plan				1b	Three-digit			
T.R.E	.C. RENTAL CORP. RETIREMEN	IT TRUST				plan number	004		
					4.	(PN) •	001		
					1C	Effective date of			
-20	Diamana and address			(for a sizele complete alon)	21-	01/01			
	Plan sponsor's name and address E.C. RENTAL CORP.	; include room or suite number (6	empioyer, ii	for a single-employer plan)	2 D	Employer Identification (EIN) 13-37	sication Number 52729		
					20	(=114)			
					20	Sponsor's telep			
	VEST 18TH STREET YORK, NY 10011				24		see instructions)		
14277	10111,111 10011				Zu	53240			
3a	Plan administrator's name and ad	dress (if same as plan sponsor s	nter "Same	,")	3h	Administrator's I			
	.C. RENTAL CORP.	435 WEST 1	8TH STRE		OD		52729		
		NEW YORK,	NY 10011		3с		elephone number		
					212-727-1941				
4	If the name and/or EIN of the plan		last return/	report filed for this plan, enter the	4b	EIN			
_	name, EIN, and the plan number	from the last return/report.			4c	DN			
	Sponsor's name	a beginning of the plan year				T	6		
					5a	<u> </u>			
b	· · ·				5b		3		
С	Number of participants with accou				5c		3		
	,			(0)			X Yes No		
				(See instructions.)			X Yes No		
b				ndent qualified public accountant (IQI			X Yes No		
	,	,		SF and must instead use Form 550					
Pa	rt III Financial Informati								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year		
а	Total plan assets		7a	31990			28043		
b	Total plan liabilities			0			1534		
C	Net plan assets (subtract line 7b f			31990			26509		
8	Income, Expenses, and Transfers		10	(a) Amount		(b) T	otal		
а	Contributions received or receival			(a) Amount		(b) T	Otal		
u	(1) Employers		8a(1)	0					
				0					
	(3) Others (including rollovers)			0					
b	Other income (loss)			-11					
	Total income (add lines 8a(1), 8a						-11		
c d	Benefits paid (including direct roll		8c				··		
u	to provide benefits)		8d	5470					
е	Certain deemed and/or corrective			0					
f	Administrative service providers (,		0					
g	Other expenses	,		0					
	•						5470		
n :	Total expenses (add lines 8d, 8e,						-5481		
!	Net income (loss) (subtract line 8	,					-0401		
J	Transfers to (from) the plan (see i	instructions)	·· 8j	0					

Form	5500.	SF.	201

Page 2 -	1
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Part IV Plan Characteristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a
 - If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part \	Compliance Questions										
0 [uring the plan year:		Yes	No		An	nount				
	/as there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	0a		X							
	Vere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported in line 10a.)	0b		X							
С	Vas the plan covered by a fidelity bond?	0с	Χ					300000			
	or dishonesty?										
i											
f I	as the plan failed to provide any benefit when due under the plan?	Of		X							
g [id the plan have any participant loans? (If "Yes," enter amount as of year end.)	0a		X							
h ı											
	10h was answered "Yes," check the box if you either provided the required notice or one of the xceptions to providing the notice applied under 29 CFR 2520.101-3	l0i									
art V	Pension Funding Compliance										
11 :	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))										
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?										
a I	f "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction and the waiver										
	nter the minimum required contribution for this plan year			12b							
	nter the amount contributed by the employer to the plan for this plan year			12c							
d 8	ubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of egative amount)	а		12d							
	fill the minimum funding amount reported on line 12d be met by the funding deadline?				Ye	s	No	N/A			
art V	, , ,										
	as a resolution to terminate the plan been adopted in any plan year?			XY	'es	No					
	"Yes," enter the amount of any plan assets that reverted to the employer this year										
	/ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought un			ntrol			_				
	f the PBGC?						Yes	X No			
	during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the hich assets or liabilities were transferred. (See instructions.)	plan	n(s) to								
13	(1) Name of plan(s):		130	(2) EI	N(s)		13c(3)	PN(s)			
Cautio	n: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	cau	se is	establ	ished.	1					
	enalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return	\/ron	ort in	cludin	n if an	nlicable	a Sch	edule			

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/27/2012	OLEH SHARANEVYCH					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN								
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor					

Form 5500-SF

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Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 8057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-8118 1210-0089

2011

This Form is Open to Public Inspection

	art Annual Report Identification Information	7/04/14/11/05/2000		10.000		
Fo		01/01/2	011 and ending		12/31/2011	
A	This return/report is for: a strigle-employer plan	a multiple	empioyer plan (not multiemployer)		a one-participant plan	
В	This return/report is: the first return/report	the final re	## 10 to 10 \$100 to 2000 \$1000			
	an amended return/report a short plan year return/report (less than 12 months)					
C	Check box if filing under: Form 5558	7	extension	Orano	DFVC program	
147	special extension (enter descripti		CACHISION		T page biodram	
D	art II Basic Plan Information—enter all requested inform	-33550000				
	Name of plan	nation		1 1 1	~	
	T.A.E.J. RENTAL CORP. RETIREMENT TRUST			110	Three-digit	
	The state of the s				(PN) ▶	
				1c	Effective date of plan	
-	Try			<u> </u>	61/01/1994	
43	Plan sponsor's name and address; include room or suite number (e. 1. 1. E. C. RENTAL CORP.	2b	Employer identification Number			
				<u> </u>	(EIN) 13-3752750	
				2c	Sponsor's telephone number	
	435 WEST RETH STREET			24	(212) 727-1341	
	NEW YORK		NY 10011	40	Business code (see instructions)	
3a	Plan administrator's name and address (if same as plan soonsor, a	nter *Same	71 10012	35	Administrator's EIN	
	SAME					
				3c	Administrator's telephone number	
4	If the name and/or EIN of the plan sponsor has changed since the	lasi return/r	eport filed for this plan enter the	4h	EIN	
	name, EIN, and the plan number from the last return/report.		opolicinos inicarios grani, anter pre	70	E.W	
	Sponsor's name			4c	PN	
5a	Total number of participants at the beginning of the plan year			5a		
b	Total number of participants at the end of the plan year		NAMES OF THE PARTY	5b		
0	Number of participants with account balances as of the end of the	plan year (d	efined benefit plans do no:			
	complete (his item)	·····	<u></u>	5c	<u> </u>	
oz 'n	Were all of the plan's assets during the plan year invested in eligin	ole assets? :	See instructions.)			
_	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an independent and condition	tent qualifies public a ccountent (IQI urs)	PA)	Yes 🗍 No	
	is you answered "No" to either \$2 or 65, the plan cannot use F	orm 5500-8	F and must instead use Form 55	30.	25 179 t.y 178	
P	rt III Financial Information					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year	
a	Total plan assets		51,90	0		
ð	Total plan liabilities	7b		ा		
<u>C</u>	Net plan assets (subtract line 7b from line 7a).	7c	31,99	0	6,103	
8	income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total	
8	Contributions received or receivable from: (1) Employers		600-806200 072-F \$10-07500 28 a			
	(2) Participants	8a(1)		7		
	(3) Others (including rollovers)	8a(2) 8a(3)				
Ь	Other income (loss)	1				
ε	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	85	(1):	4		
ď	Benefits paid (including direct rollovers and insurance premiums	8c		-		
	to provide benefits).	ध्व	3,67	ା		
e	Certain deemed and/or corrective distributions (see instructions)	Be		ો		
F	Administrative service providers (salaries, fees, commissions)	89		5		
g	Other expenses	89	5 · · · · · · · · · · · · · · · · · · ·	<u></u>		
ts	Total expenses (add lines 8d, 8e, 8f, and 6g)			1		
3	Net income (loss) (subtract line 8h from line 8c)	8)		1		
<u>)</u>	Transfers to (from) the plan (see instructions)	8j		0		
For	sperwork Reduction Act Notice and OMS Control Numbers, see the instructions for	Form 5500-SF.			Form \$200-SF (2011)	
					V F12611	

Form		

-	~	and the	
Page			

Par	IV Plan Characteristics		''	· · · · · · · · · · · · · · · · · · ·						
Эа	if the plan provides pension benefits, enter the applicable pension fea	ature cod	ies Irom	the List of Plan Char.	acteris	stic Ca	des in th	e instructions.		
	2E. 3C. If the plan provides welfare benefits, enter the applicable welfare feat									
Part	V Compliance Questions	all Ward	············				100			
10	During the plan year:		2 10 10 5			Yes	No	A		
а	Was there a failure to transmit to the plan any participant contribution 28 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiducial CFR 2510.3-1028)	ons within lary Corre	the time	e period described in ourself)	10a	. 40	7.0	Amount		
b	Were there any nonexempt transactions with any party-in-interest? (on fine 10a.)	(Do not in	iclude ir	ansactions recorded	iob		X			
C	Was the plan covered by a fidelity bond?				10c	3		3,35,000		
ť	d Old the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonasty?									
а	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier. Insurance service or other organization that provides some or all of the benefits under the pian? (See instructions.)									
F	Has the plan failed to provide any benefit when due under the plan?						N.			
g	Did the plan have any participant loans? (if "Yes," enter amount as o				10f		X			
ĥ	ti this is an individual account plan, was there a blackout period? (Se 2520.101-3.)	ee instruc	tions an	d 29 CER	10g 10h		- A			
Ī	of 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required	notice o	cone of the	101					
Part								**************************************		
44	is this a defined benefit plan subject to minimum funding requirements 5500)).	its? (if "Y	e€,* \$66	instructions and com-	plete t	Sched	uie S8 (f	Form: Yes [140		
12	is this a defined contribution plan subject to the minimum funding re-	uuiremen	as of se	ation 412 of the Code	or cor	rtion 3	62 of Es	ISA7. Yes X No		
A y	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable if a walver of the minimum funding standard for a prior year is being granting the walver. ou completed line 12a, complete lines 3, 9, and 10 of Schedule M	amonize AB (Form	. 5500),	and skip to line 13.	th		nter the Day	date of the letter ruling		
b	Enter the minimum required contribution for this plan year	e en unit					125			
C	Enter the amount contributed by the employer to the plan for this plan	n year	12.12	ir anazara		. [12c			
Œ	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	e result (enter a :	notus sign to the left o	ာfa 	. [12d			
6	will the minimum funding amount reported on line 12d be met by the	funding :	deadine	<u> ?</u>			П	Yes No NA		
Part		106 3030300		12.15% O7 07.15%	V. 100					
ំខិន	rias a resolution to terminate the plan been adopted in any plan year?			STORY AND ADDRESS OF			X Yes	No		
	"Yas," enter the amount of any plan assets that reverted to the emp	ployer this	s year		13	3a				
	Were all the plan assets distributed to participants or beneficieries, in of the PSGC?		\$126650 Tel				ntroi	☐ Yes ☒ No		
-	if during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan	to anoth	ter plan(s), identify th	e pian	(s) to				
	c(1) resince of plants).					130	(2) EIN(8	i) 13c(3) PN(s)		
	AÂ									
Cauto	n: A penalty for the late or incomplete filing of this return/report	t will ho:	495A602	ed sintege reason—blo						
onger SB cr	pensities of perjury and other pensities set forth in the instructions, in Schedule Migrophilefed and signed by an enrolled actuary, as well a it is true, correct and complete.	daniero i								
SIGN 6/18/12 CLEN SHARANEVYCH										
HERE	Signature of plan administrator	Date		Enter name of inc			ino pe al	an administrator		
SIGN		4		1		u+y/1	<u></u> 910	an action of the control		
HERE	Signature of employer/plan sponsor	Date		Entername of inc	iividus	al signi	ing as en	nployer or pieu spaneo:		
		22.0 (c.) (c.)			-	9		· · · / · · · · · · · · · · · · · · · ·		